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## CHAPTER ELEVEN

# Social Workers and Human Service Practitioners

Bob Lonne

### 11. 1 INTRODUCTION

The concepts of 'burnout' and, more recently, 'vicarious trauma' have predominated in the research and literature concerning occupational stressors and strain for social workers and human service practitioners. Whilst there has been considerable research of the causes and effects of burnout and occupational stress, there is little evidence to suggest that these issues are being proactively or systemically addressed by most human service organisations. Rather, it is usually left to individual practitioners or managers to respond to its sometimes-debilitating effects (Winefield *et al.*, 2000), despite the overwhelming empirical results indicating that organisational and job factors are the key influences on burnout (Barak *et al.*, 2001; Dollard *et al.*, 2001). Regrettably, the costs of inaction are evidenced in the high staff turnover that plagues the human services sector, and the decreased efficiency and effectiveness from otherwise committed and capable helping professionals (Barak *et al.*, 2001).

Nevertheless, it would be erroneous to paint the picture that a career in social work and the human services will inevitably be traumatic, short-lived and result in burnout that culminates in the physically, emotionally and psychologically destroyed practitioner leaving the helping professions forever. Whilst burnout and vicarious trauma are real and important issues to be tackled in the human services, they are sometimes overstated and portrayed as endemic in relation to their incidence. The reality is that the overwhelming majority of workers, although at times experiencing considerable occupational stress, generally cope quite well and productively use a range of coping strategies. They live life to the full, enjoy a challenging and stimulating career while experiencing the personal rewards that helping others can entail.

This chapter will review and summarise the research findings and literature with respect to occupational stress, burnout and vicarious trauma for social workers and human service practitioners, and will explore their sources, effects and outcomes. The similarities and differences found among the broad diversity of

practice in the human services will be identified and critically examined. A range of micro and macro interventions and strategies will also be suggested and explored, along with the implications for stakeholders. The findings of a recent longitudinal study of factors affecting staff turnover and work stress for a group of Australian rural social workers will be outlined and discussed. Future research options for examining occupational stress in the human services will be suggested.

## **11. 2 LITERATURE REVIEW**

### **11. 2. 1 The Macro Context of Practice in the Human Services**

There is considerable diversity among Western societies with respect to the educational qualifications of social workers and human service practitioners, and this can lead to significantly different status, remuneration, roles, ideologies and practice frameworks among staff. For example, the base qualification of social workers and human service practitioners can vary from those without formal qualifications, to a two-year diploma, a three- or four-year tertiary degree, or a post-graduate Masters degree (McDonald, 1999; Pottage and Huxley, 1996; Zapf, 1993). In addition, different professional courses may focus their training on direct practice with individuals, community work, social policy development, or all of these and, hence, practitioners employ different approaches to interventions.

Notwithstanding this diversity and existing professional rivalries, much common ground exists among these social care practitioners, including many aspects of the social and community mandates for intervention, core knowledge and skill bases, professional values and ethics, and an overall “helping and empowering” orientation toward the disadvantaged and marginalised. For this paper, social workers and human service practitioners are social care professionals who are employed to provide a diverse range of welfare and other helping services to communities, groups and individuals who experience distress, trauma and difficulties in meeting their social needs or in their social relationships. They undertake this work in order to enhance social functioning and facilitate social change.

The diversity found in human service practice does not merely reflect the need to respond to a range of social problems and needs. It has also developed as a result of a period of profound and rapid social, technological, economic and political change that occurred in the latter half of the 20<sup>th</sup> century. There have been many changes to the structures, processes, policies, organisations and approaches used to deliver social care programs and services, frequently driven by conservative political ideologies that foster individualism rather than communalism (Harris and McDonald, 2000; Howe, 1994).

Across OECD countries there has generally been increased social care expenditure yet simultaneous fiscal tightness, usually accompanied by a decreased service delivery role for government that has been operationalised by a separation of ‘purchaser’ and ‘provider’ roles (Kalisch, 2000). There has also been increasing use of service delivery contracts to fund non-government and for-profit human service agencies (Healy, 1998; Howe, 1994). Furthermore, there has been major

restructuring of service delivery mechanisms and processes which have led to a plethora of narrowly targeted programs and services (Harris and McDonald, 2000; Williams, 1994). Whilst aiming to meet the diverse social care needs of communities and service users better, these structural changes have significantly contributed to an increasingly complex and fragmented social welfare systems (Healy, 1998; Howe, 1994, Parton, 1994, 1996).

The advent of 'managerialism' has also fundamentally altered the organisational contexts in which social workers and human service practitioners operate. Managerialism has seen a marked paradigm shift away from traditional professional values to embrace instead business principles such as efficiency and effectiveness, and practices like cost-benefit analysis and strategic planning (Jones and May, 1992). Moreover, there has been a simultaneous shift of power away from professionals to managers, who have marked their domain with a managerialist discourse that largely ignores notions of social justice and empowerment of service users (Fook *et al.*, 2000; Howe, 1994). These influences have significantly impacted on the ways in which services are delivered, as they have been accompanied by expanded policy directives, decreased professional autonomy, increased accountability, altered ethical values, creeping proceduralism within proliferating case management systems, tighter eligibility requirements for service users, and greater emphasis on social compliance and social control (Howe, 1994; Lonne *et al.*, in press; Parton, 1994, 1996; Pottage and Huxley, 1996; Zunz, 1998).

Overall, these changes have resulted in a convergence of job titles and descriptions, and increased flexibility in the types of qualifications deemed suitable for professional positions in the human services (Healy, 1998; McDonald, 1999; McDonald and Jones, 2000). Many in the sector have welcomed this, as the very broad array of practice roles and fields requires a diversity of practice orientations, skills and knowledge in order to appropriately respond to the complex social problems and issues stemming from the globalised and capitalist world economic and financial systems. However, as noted above, the current context in which human service workers practise is one characterised by rapid change, contested values and mandates, complex structural arrangements and relationships, and uncertainty about what exactly 'best practice' entails across the different community, organisational and practice field contexts.

### **11. 2. 2 Anxiety, Stress and Burnout in the Human Services**

It is not surprising that social welfare work has been found to be especially anxiety provoking due to the macro context of the human services, its focus on human beings, their complex problems and relationships, and emotionally-charged situations (Coholic and Blackford, 1999; Jones *et al.*, 1991; Strozier and Evans, 1998). However, the empirical research is not consistent in this regard as some comparative studies have found similar levels of anxiety in other occupations. Social workers' anxiety has been found to be positively associated with depression (Jones *et al.*, 1991) and burnout (Jayaratne *et al.*, 1986), and is moderated by supervisors' emotional and other supports (Koeske and Koeske, 1989). However,

conceptualising the differences between anxiety and stress has been problematic, and most studies have focussed on the 'burnout' concept, often using it interchangeably with occupational stress, work stress, distress and vicarious trauma (Adams *et al.*, 2001; Dollard *et al.*, 2001; Strozier and Evans, 1998).

'Work stress' has been defined as a "condition or intermediate arousal state between objective stressors and strain", with strain being "reactions to the conditions of stress" (Dollard *et al.*, 2001, p.15). On the other hand, the concept of 'burnout' describes the longer-term process where chronic stressors lead to occupational stress experienced by those in people-oriented professions that results in them being unable to cope with their work psychologically and emotionally (Barak *et al.*, 2001; Maslach, 1976). It has been conceptualised as involving the three components of:

- Emotional exhaustion;
- Depersonalisation of clients; and
- Decreased personal accomplishment (Maslach, 1998).

Emotional exhaustion is characterised by feeling emotionally overextended and depleted, while depersonalisation entails a practitioner becoming overly cynical and detached to others, particularly clients, and diminished personal accomplishment is evidenced when workers demonstrate reduced self-efficacy and productivity (Maslach, 1998). Emotional exhaustion is the burnout component that is closest to occupational stress (Koeske and Koeske, 1989, 1993). However, most research of burnout has involved human service workers, inviting the criticism that it is a flawed concept (Demerouti *et al.*, 2001; Jones *et al.*, 1991; Soderfeldt *et al.*, 1995) that merely re-labels emotional exhaustion (Wallace and Brinkerhoff, 1991) and reflects the predominance of "feeling type" people in the human services (Garden, 1989).

Nevertheless, some authors (Maslach, 1998; Powell, 1994) argue that maintaining the three dimensions of burnout is critical because this ensures that burnout is an interpersonal framework rather than a narrow concept of stress reactions to work or other stressors. However, a re-examination of the dimensions of burnout found evidence linking work stress only with emotional exhaustion (Wallace and Brinkerhoff, 1991) and this is supported by other researchers (Koeske and Koeske, 1989, 1993; Koeske and Kirk, 1995a) who noted that *detachment*, a dimension of the depersonalisation aspect of burnout, is also an effective tool against it, as detached concern can assist a worker to prevent emotional overload.

Social work practitioners have generally been found to experience higher stress and lower well-being levels than other occupations (Bennett *et al.*, 1993; Bradley and Sutherland, 1995; Collings and Murray, 1996; McLean and Andrew, 2000; Strozier and Evans, 1998; Um and Harrison, 1998), particularly statutory workers (Balloch *et al.*, 1998; Dollard *et al.*, 2001). In addition, there is evidence of social workers having higher levels of depression than others (Gibson *et al.*, 1989) although the results are inconsistent (Jones *et al.*, 1991).

On the other hand, some studies have found that social workers and human service practitioners have lower levels of stress than others (Demerouti *et al.*, 2001; Soderfeldt *et al.*, 1995). It has also been argued that the reported levels of stress, anxiety and burnout experienced by human service practitioners are relatively low, especially when viewed alongside the generally high levels of job satisfaction (Pottage and Huxley, 1996; Poulin, 1994; Powell, 1994). As Marriott *et al.*, (1994, p.204) note, "One could speculate that social workers complain about or downgrade various aspects of their jobs but are nevertheless reasonably content."

### 11. 2. 3 Vicarious Trauma

Over the past decade the concept of 'vicarious trauma' has been increasingly studied because of its perceived adverse consequences for professionals working with traumatised victims, although its prevalence remains unclear. Vicarious trauma has been defined as "the enduring psychological consequences for therapists of exposure to traumatic experiences of victim clients" (Schauben and Frazier, 1995, p.53), although it is arguable that it is an equally valid phenomenon for all human service workers who are exposed in a secondary fashion to client trauma.

Its symptoms may include a decreased emotional and physical energy, bystander guilt, anxiety, depression and PTSD, disconnection from loved ones, social withdrawal, and increased sensitivity to violence (Dane, 2000; Sexton, 1999). Physical signs of stress can also accompany these symptoms. Other signs include disruption to self-protective and safety beliefs, changed worldviews, helplessness, cynicism and despair (Cunningham, 1999; Sexton, 1999). There is said to be a generally faster recovery from these symptoms than from burnout (Sexton, 1999). Although it remains a nebulous concept and has been used interchangeably with terms such as countertransference, secondary traumatisation, burnout, and compassion fatigue (Dane, 2000; Illiffe and Steed, 2000; Sexton, 1999), there is some empirical evidence to suggest that it is conceptually different from burnout (Schauben and Frazier, 1995).

In either event, it is a normal reaction to empathic engagement with clients who have suffered significant and traumatic events and results from an accumulation of exposure experiences (Sexton, 1999). It goes, so to speak, with the territory of trauma counselling and possibly with many other human service worker roles and functions. Whilst there has not been a lot of research of vicarious trauma, it has been found among domestic violence workers (Coholic and Blackford, 1999; Illiffe and Steed, 2000), trauma therapists (Perlman and Mac Ian, 1995) and sexual assault counsellors (Schauben and Frazier, 1995). Higher levels have been found to be associated with burnout (Adams *et al.*, 2001) and higher caseloads of traumatised clients (Schauben and Frazier, 1995), but not with a prior history of trauma or assault for the worker (Adams *et al.*, 2001; Schauben and Frazier, 1995).

### 11. 3 SOURCES OF STRESS IN THE HUMAN SERVICES

The overwhelming conclusion of the research is that structural work stressors, rather than personal characteristics, are the most influential factors affecting the incidence and intensity of burnout (Barak *et al.*, 2001; Bennett *et al.*, 1993; Dollard *et al.*, 2001; Zastrow, 1999), although there are contradictory findings about which factors are involved. Furthermore, it has been found that burnout can be moderated by organisational, professional and personal social support (Um and Harrison, 1998; Zunz, 1998). Interestingly, whilst client experiences are theoretically identified as contributing factors in the process of burnout, investigations have usually failed to establish a link (Barak *et al.*, 2001; Dollard *et al.*, 1999).

#### 11. 3. 1 Work Factors

There are numerous work-related factors identified in the literature as contributing to work stress and burnout, and these can be placed into the following general groups: particular practice fields, work role issues, organisational structure and culture, high workloads, low levels of control and autonomy, supervision practices, lack of accomplishment and efficacy, violence and conflict, and racism within the organisation. However, there is increasing evidence that a combination of high job demands and low supports is the critical factor in burnout (Dollard *et al.*, 2001).

Studies of burnout and work stress have been conducted across various positions, occupations and practice fields in the human services such as child welfare and protection, mental health, hospitals and community health, disability, generic social services, and support services for the military. Very few studies have addressed the issue of burnout and work stress in non-government, not-for-profit and for-profit agencies. There have been a number of findings indicating that child welfare and child protection work are associated with higher levels of burnout and perceived stress (Gold, 1998; Jayaratne *et al.*, 1986; Jones *et al.*, 1991; Le Croy and Rank, 1987; Samantrai, 1992; Thorpe *et al.*, 2001). It is suggested that the contested and conflictual nature of this sort of statutory work leads to elevated stress for the workers involved who often tread a difficult path in being accountable, balancing the interests of all parties, and ensuring children are protected from abuse.

Social workers have also been found to have higher burnout and stress levels than other human service workers (Bennett *et al.*, 1993; Dollard *et al.*, 2001; McLean and Andrew, 2000) and this has been suggested as resulting from their statutory roles, somewhat limited autonomy and the complex decisions they are often required to make. Role ambiguity and role conflict for social workers and human service workers have consistently been found to be positively associated with levels of emotional exhaustion, burnout and work stress (Balloch *et al.*, 1998; Barak *et al.*, 2001; Dollard *et al.*, 2001; Siefert *et al.*, 1991). However, Um and Harrison (1998) recently used LISREL linear structural relation techniques to examine the process of stress-strain (burnout)-outcome (job satisfaction) in 166

Florida social workers, and concluded that role conflict, but not role ambiguity, intensified burnout and job dissatisfaction.

The organisational structure, culture and climate have also been found in some studies to contribute to higher levels of burnout and stress (Sundet and Cowger, 1990). For example, Bradley and Sutherland (1995) used a quantitative and qualitative research design to compare a group of British social workers and home help workers. The social workers reported stress resulting from the organisational structure and climate including factors such as inadequate resources, time pressures, paper work and lack of performance feedback. Dollard *et al.*, (2001) also found organisational processes such as unfair job selections were related to perceptions of work stress. Poor employer-employee relations have also been identified as problematic (McLean and Andrew, 2000). Perhaps more important is the organisational culture with respect to work stress. Thompson *et al.*, (1996) found in a comparative study of three British local authority social service departments that work groups could develop and embrace a 'culture of stress' that reflects and contributes to higher levels of stress. They concluded that management had a critical part to play in creating the vision and circumstances to prevent this.

The relationship between large caseloads and stress, although intuitively linked, has not been consistently born out by the empirical evidence, perhaps due to measurement difficulties (See Egan and Kadushin, 1993; Koeske and Koeske, 1989). For example, LeCroy and Rank (1987) found no significant relationship between social workers' job performance variables such as the amount of overtime, direct client contact, practice experience and burnout, but Barak *et al.*, (2001) identified it as a significant factor in their review of 25 studies of the antecedents to turnover in human service practitioners. There is, however, stronger evidence regarding the negative impact of overall workloads on work stress (Bradley and Sutherland, 1995; Collings and Murray, 1996; Sunet and Cowger, 1990). Furthermore, when practitioners have limited control and autonomy over their work, burnout and stress levels tend to be higher and job satisfaction lower (Barak *et al.*, 2001; Balloch *et al.*, 1998; Guterman and Jayaratne, 1994; Koeske and Kirk 1995b; McLean and Andrew, 2000; Poulin 1994, 1995). However, high workloads appear to be particularly problematic when they translate to high job demands that are combined with low control and autonomy by the worker, and low resources and support (Demerouti *et al.*, 2001; Dollard *et al.*, 2001; Maslach, 1998; Soderfeldt *et al.*, 1995). This combination has been demonstrated to be associated with significant negative outcomes for the individuals and organisations concerned.

The importance of effective and supportive supervision has been consistently identified as of pivotal importance with respect to job satisfaction and moderating the effects of work stress while poor supervision has been found to contribute to higher work stress (Dollard *et al.*, 1999, 2000; Wilcoxon, 1989; Winefield *et al.*, 2000). Dissatisfaction with supervision has been found to be associated with higher levels of stress and may be a potent source of it, and trigger a decision to leave (Collings and Murray, 1996; Samantrai, 1992). Furthermore, the quality of supervision has been found to be an important element in both supporting workers and controlling the demands placed on them (Jones *et al.*,



1991). For example, Grasso (1994) undertook a two-year study of management styles and found that supportive and participatory supervision of staff was related to higher job satisfaction. However, collegial support may be even more important than supervisor support as a moderator of burnout (Dollard *et al.*, 2001; Himle *et al.*, 1989a, 1989b; Um and Harrison, 1998).

Some writers have claimed that the strongest factor causing burnout for clinical workers is lack of therapeutic success (Ratliff, 1988), but others have found it not to be a factor (Himle and Jayaratne, 1990; Wallace and Brinkerhoff, 1991). However, most studies have identified that practitioners' self-efficacy is inversely related to levels of burnout and job dissatisfaction, although its precise contribution as a preventative measure, moderating factor or consequence of burnout remains unclear (Barak *et al.*, 2001; Dollard *et al.*, 2001; Koeske and Koeske, 1989, 1993; Zunz, 1998).

There has been increasing attention given to the influence of violence and conflict in the workplace and its effects on work stress, especially when associated with a lack of recognition and support (Smith and Nursten, 1998). This issue has been particularly important in statutory services in Great Britain. For example, Balloch *et al.*, (1998) conducted a longitudinal study using quantitative and qualitative methodologies and found a strong association between violence, threats of violence and verbal abuse, and stress levels. They concluded that rising stress levels may well be associated with dealing with increasing levels of workplace violence. The issue has also been recently identified as contributing to work place stress in a large-scale study of a statutory child welfare and juvenile justice agency in Australia (Dollard *et al.*, 2001).

The issue of racism and its effects on occupational stress in human service agencies has also been given increasing attention, although the evidence is mixed. A British study (Collings and Murray, 1996) found no relationship while a U. S. study found that perceptions of cultural sophistication within the organisation were associated with occupational stress levels for Latino social workers (Gant and Guitierrez, 1996).

### 11. 3. 2 Non-Work Factors

As noted earlier, the research findings indicate that personal and demographic characteristics play a limited role in the work stress and burnout process, with these factors mostly acting as moderating influences rather than causal factors or sources of stress (Gutek *et al.*, 1988; Jayaratne *et al.*, 1983). There are equivocal findings with respect to the influence of age on work stress with Collings and Murray (1996) finding that older workers tended to have higher levels, whereas Barak *et al.*, (2001) found the opposite in a review of burnout and turnover research. Most studies have not found gender to be an influential factor (Barak *et al.*, 2001; Dollard *et al.*, 2001; Collings and Murray, 1996).

However, there is evidence to suggest that a practitioner's pre-existing level of psychological well-being is negatively related to subsequent levels of emotional exhaustion and job dissatisfaction (Koeske and Kirk, 1995a). Zunz (1998) examined the influence of resiliency on burnout and found that those workers who

were more resilient and also received social support tended to experience lower levels of burnout. With respect to other personal characteristics, Dollard *et al.*, (2001) found that 'trait anxiety' and 'financial worries' had a significant positive relationship with psychological strain.

Practitioners with a high degree of personal commitment to their profession and work have been found to be more likely than others to have greater control of their work, experience less stress, and have higher job satisfaction (McLean and Andrew, 2000), and to also be more likely to stay with their employer (Barak *et al.*, 2001; Rycraft, 1994). Commitment may well be an important personal and professional value base in practitioners' perceptions of work stress.

Spousal support has also been found to be negatively associated with burnout (Barak *et al.*, 2001; Davis-Sachs *et al.*, 1985; Jayaratne *et al.*, 1986), and positively related to job satisfaction in human service workers (Dollard *et al.*, 2001). However, whilst home-work conflict, such as work intruding on family life, has been found to be associated with psychological strain for human service workers (Dollard *et al.*, 2001), Barak *et al.*, (2001) found that it was not central to turnover considerations. The lack of influential non-work factors identified in the many studies of burnout and turnover in the human services has been consistent over the two decades of research and reinforces the primacy of organisational responses to address these issues.

## 11. 4 CONSEQUENCES OF WORK STRESS IN THE HUMAN SERVICES

### 11. 4. 1 Organisational Outcomes

Despite the conceptual and methodological problems in stress research, there is strong empirical evidence associating work stress with adverse organisational outcomes that are costly in human resource and financial terms (Barak *et al.*, 2001). The direct costs of turnover such as expenses incurred during recruitment, training and separations, are compounded by the indirect costs such as the reduced efficiency of co-workers and new staff, as well as the potential loss of trust and confidence by agency clients unhappy with changed services and staff (Barak *et al.*, 2001). However, quantifications of the extent of the overall costs to individual organisations or the sector as a whole are difficult to obtain, frequently because public disclosure may be embarrassing and counterproductive to recruitment strategies or the public profile of agencies.

In many senses, the burnout-job satisfaction-turnover problems are circular in nature because organisational factors and high workloads increase work stress, which contributes to staff turnover that places greater burdens on the staff who remain, who in turn become more stressed and dissatisfied, and more likely to consider moving on etc. Alternatively, unhappy workers may stay on and thereby create a cumulative agency problem (Koeske and Kirk, 1995a). Unhappy and stressed workers who feel trapped in their agency may contribute to the mythology and overstatement of the burnout problems that occur, as well as the understatement of the career benefits of human service practice. Nevertheless, the

occupational stress issues are substantial and lead to many organisational difficulties, and cause considerable personal distress to those affected.

Work stress and strain in the human services have been found to be associated with a range of adverse factors and outcomes including decreased job satisfaction and work performance (Barak *et al.*, 2001; Cooper *et al.*, 1988; Gutek *et al.*, 1988; McLean and Andrew, 2000) and increased absenteeism (Kirk *et al.*, 1993; Koeske and Koeske, 1989; Lyons *et al.*, 1995; Ramanathan, 1992). Higher staff turnover (Barak *et al.*, 2001; Lonne, 2001) and elevated rates of intention to quit have also been identified as adverse consequences (Barak *et al.*, 2001; Ramanathan, 1992; Koeske and Kirk, 1995b), although the relationship between intention to quit and actually leaving is not a linear one (Kirk *et al.*, 1993; Koeske and Kirk, 1995a).

However, there is a paucity of evidence with respect to demonstrating and quantifying the extent to which the work performance of those who experience burnout is adversely affected. We remain unsure about exactly how stressed practitioners respond to their situations and the ways in which this affects their work within the organisational and community contexts, and with client outcomes. These all remain critical issues that demand further research.

#### 11. 4. 2 Personal Outcomes

The adverse outcomes for social workers and human service practitioners from work stress and burnout can be profound and debilitating, elevating it to a major occupational health and safety issue (Dollard *et al.*, 2001). Those affected are vulnerable to a number of adverse consequences for their physical and psychological well-being (Koeske and Kirk, 1995a). There is empirical evidence associating high work stress for practitioners with poorer health outcomes as measured on the GHQ (Balloch *et al.*, 1998; Dollard *et al.*, 2001; McLean and Andrew, 2000). Furthermore, a range of somatic symptoms and stress-related complaints has been linked to work stress including insomnia, exhaustion; stomach problems, dietary complaints, high blood pressure etc (Adams *et al.*, 2001; Bradley and Sutherland, 1995; Gold, 1998). For some, this leads to increased alcohol and drug intake (Fewell *et al.*, 1993; Strozier and Evans, 1998).

Moreover, elevated rates of psychological distress such as anxiety and depression have also been associated with work stress, especially when the practitioner receives lower social support (Bennett *et al.*, 1993; Gibson *et al.*, 1989; Jones *et al.*, 1991). Increased levels of cynicism and negativity have also been identified as a consequence of work stress (Corcoran, 1987; Kirk *et al.*, 1993; Maslach, 1998), along with depersonalisation of clients (Koeske and Koeske, 1993) and feeling alienated (Powell, 1994). Apart from these serious complaints, high stress and burnout has been found to be a significant factor leading to job dissatisfaction and turnover (Barak *et al.*, 2001; Maslach, 1998; Um and Harrison, 1998).

A number of adverse personal outcomes are cited in the literature with respect to vicarious trauma. Besides burnout-like symptoms of exhaustion, irritability and somatic complaints, there is evidence that practitioners may

experience anxiety and depression (Adams *et al.*, 2001; Schauben and Frazier, 1995; Sexton, 1999). Psychological effects can include altered religious or spiritual beliefs, changed world views, increased sensitivity to, and fear of, violence, intrusive thoughts, PTSD symptoms, despair and hopelessness, and poor concentration (Dane, 2000; Illiffe and Steed, 2000; Sexton, 1999). When the effects of burnout and vicarious trauma are considered, it is little wonder that practitioners caught in these situations consider leaving their jobs (Barak *et al.*, 2001), with some deciding to change their careers altogether.

## 11. 5 ADDRESSING WORK STRESS

There is much that can be done about work stress, burnout, job dissatisfaction, turnover and their consequences. However, interventions remain the primary responsibility of human service employers rather than employees because the major influences on these factors are within their control. Nevertheless, despite these issues clearly being within the domain of occupational health and safety, responsibility for remedies mostly remains with the individuals directly affected, perhaps reflecting the individualistic orientation of Western society and the advice of some scholars (see Zastrow, 1999).

### 11. 5. 1 Organisational Strategies

Despite longstanding and repeated calls for job redesign to address work stress in the human services (Davis-Sachs *et al.*, 1985; Dollard *et al.*, 2001; Poulin, 1994, 1995; Thompson *et al.*, 1996; Winefield *et al.*, 2000), it has not been taken up to any large degree. Indeed, variety and autonomy for many workers have decreased as case management procedures have increased (McDonald, 1999). In view of the plethora of research findings indicating the significant moderating influence of increased worker control and autonomy on burnout, the reluctance of employers to embrace this strategy is surprising. It is fundamentally a management responsibility to establish and maintain an organisational climate and culture that deals openly with work stressors, vicarious trauma and burnout and does not individualise or label those staff who experience these phenomena.

Job redesign would be further enhanced through the proactive use of regular, supportive and good quality professional and administrative supervision (Grasso, 1994; Rauktis and Koeske, 1994; Rycraft, 1994). Management styles that embrace collaborative, participatory approaches that facilitate effective team work and collegial support have been shown to increase job satisfaction and moderate work stress (Smith and Nurston, 1998; Sexton, 1999; Thompson *et al.*, 1996; Zunz, 1998). Sadly though, many managers and supervisors remain unskilled to deal with the social and emotional requirements, or are simply not interested in making this a high organisational or personal priority (Winefield *et al.*, 2000). Similarly, access to debriefing, whilst demonstrated as an effective tool against stressful incidents and vicarious trauma, remains under utilised (Dollard *et al.*, 2001; Illiffe and Steed, 2000).

Organisations have significant roles to play in assisting their staff to manage appropriately and effectively the chaotic situations and stresses that can arise in some human service practice contexts. Having orderly processes and procedures in place can aid the management of work stress but, if overly rigid, can also contribute to it. Staff training in time management, workload planning and prioritising, and how to decrease interpersonal stress and conflict in work teams (eg improved communication) can be very productive. However, this should never be used as a manipulative ploy to shift responsibility for dealing with excessive workloads from the organisation and funding authority to individual practitioners.

Other effective measures to increase job satisfaction and decrease burnout include the provision of challenging and stimulating training (Dollard *et al.*, 1999, 2001), orientations for new workers (Barak *et al.*, 2001), appealing general working conditions including physical surroundings (Dollard *et al.*, 2001; Vinokur-Kaplan, 1991), ensuring there are adequate resources to meet the workload and closely monitoring this (Illiffe and Steed, 2000; Sexton 1999), and addressing financial remuneration issues, which are frequently a key source of worker dissatisfaction (Marriott *et al.*, 1994; Rauktis and Koeske, 1994; Vinokur-Kaplan, 1991). Latting (1991) notes that while the human services attract idealistic practitioners to low paid positions, it is wrong to assume that are not motivated by extrinsic rewards such as salary.

### 11. 5. 2 Personal Strategies

There are a number of self-care strategies that social workers and human service practitioners can employ in order to prevent and remedy work stress and vicarious trauma, apart from leaving their positions or occupations. Many of these appear to be common sense, but in practice, with high workloads and the often-superhuman expectations of themselves that many human service workers hold, these measures can be under utilised. Perhaps the most commonly utilised strategy is accessing emotional and instrumental support from one's personal and professional networks, and supervision. As noted earlier, these are effective responses to dealing with work stress. As the saying goes: A problem shared is a problem halved. However, this assumes that workers are willing to disclose and share their issues with others, but some have been found to prefer to protect their loved ones and others from the distressing events and issues they confront (Illiffe and Steed, 2000; Jayaratne *et al.*, 1986), perhaps leading to less support being proffered.

Emotional distancing has also been cited as a useful, and perhaps necessary, measure to address occupational stress in the human services (Bennett *et al.*, 1993). In essence, it entails workers setting clear boundaries between themselves and their client and work situations in order to prevent themselves being emotionally overwhelmed by the distressing situations in which they often work. This strategy can be enhanced by reflective practice, which involves the worker in a continual process of self-exploration and improvement. Furthermore, some writers suggest that workers will benefit from developing and maintaining a sense of humour and focus on their own spirituality (Sexton, 1999). Practitioners can increase self-awareness and restore a sense of meaning, hope and connection with others

through spiritually-oriented activities like meditation, being in nature, prayer and religious activities, existential explorations etc. This can help one to gain perspective about events bigger than oneself (Sexton, 1999). In a similar fashion, positive thinking can be a useful strategy for dealing with stressful events and issues that can eat away at one's self-esteem and confidence (Zastrow, 1999).

Other self-care strategies include emotional intimacy and sex, which can act as a physical and emotional release and connection with others, and help one to feel well grounded and refreshed. In a similar fashion, relaxation techniques, regular exercise and sporting activities can help workers to release the stress in a healthy and productive way (Dollard *et al.*, 2001; Illiffe and Steed, 2000; Sexton, 1999). Having relaxing times at the movies, concerts, playing or listening to music, sporting events and engaging in pleasurable hobbies can also be productive in handling stress.

Some workers address the workload pressures through planning, goal setting and time-management of their work tasks. This can also facilitate greater variety at work, and if possible and practicable, allow for particularly stressful work to be spaced by less demanding duties. Similarly, being proactive and positive about changing or adapting to distressing events through committed action (eg organisational lobbying, political activity) can prove to be an effective way of addressing the systemic factors and processes that affect the human condition and human service practice (Illiffe and Steed, 2000). These sorts of approaches can militate against feeling powerless in the face of macro events and abuses of power by those in positions of authority. Collective action is a powerful tool for political and social change.

## 11. 6 THEORETICAL, METHODOLOGICAL AND POLITICAL ISSUES

Published reviews of the social work and human services work stress, burnout, job satisfaction and turnover literature have identified questionable quality, many varied definitions of stress and burnout, weak controls or failure to use controls, different operationalisations, employment of subjective measures and numerous independent variables, and different statistical procedures (Barak *et al.*, 2001; Ratliff, 1988; Soderfeldt *et al.*, 1995). Cross-sectional designs have been frequently utilised, thereby limiting causal inferences (Dollard *et al.*, 2001; Koeske and Kirk, 1995a). Shinn (1982) found that burnout research relies heavily on self-reports and suggested that different methodologies could assist with causality inferences.

In addition, the great diversity of practice contexts found in the human services makes research of occupational stress inherently difficult and many assumptions have been made with respect to the comparability of research results and their implications. Whilst the available studies have been conducted across a variety of organisational and practice contexts, with different staff qualifications, positions, roles and responsibilities, they have arguably not been representative of

the broad spectrum of practice across the human services. Rather, they have tended to concentrate on the statutory government agencies dealing with child welfare, mental health, physical health and the social services. Practice fields with clientele such as the aged, young people and those with a disability, and community work and education, advocacy, domestic violence, non-government, for-profit and rural agencies have largely been neglected. Large sample studies in the USA have tended to use the NASW members data-base and have often not reported any differences among practitioners from these practice fields or agency contexts. So the extent to which burnout and stress are problematic for all practitioners and practice contexts in the human services remains unclear.

A variety of stress theories and simplistic models of burnout have been used (Dollard *et al.*, 2001; Koeske and Koeske, 1989). Despite Maslach's (1998) claims to the contrary, burnout remains a nebulous concept (Shinn, 1982; Soderfeldt *et al.*, 1995) that has been used interchangeably with stress (Gibson *et al.*, 1989; Jayaratne and Chess, 1984), and may be confounded with the concept of vicarious trauma, which shares some symptoms. Conceptual differences and theoretical inconsistencies have no doubt contributed to the sometimes-contradictory findings. These methodological and conceptual problems have also made comparison of results quite difficult.

Nevertheless, as noted above, some key themes and knowledge have been ascertained. However, whilst we can demonstrate that practitioners experience psychological and physical strain resulting from occupational stress, there has been little research about how this affects their organisational, interpersonal and client work outcomes. Are there, for example, adverse consequences for the clients of burnt out workers? Or are workers' able to mask their stress and to compartmentalise it so that it does not materially affect their clients and colleagues? Or are clients and colleagues on the receiving end of significantly poorer helping processes and working relationships? These issues require investigation.

Bearing this in mind, there has, in many respects, been a lack of perspective and an overstatement of the extent of burnout and work stress in the human services. Perhaps more correctly, there has been an understatement of the position for the majority of practitioners who cope exceedingly well despite the widespread issues of high workloads, role ambiguity and conflict, ad hoc supervision and support, high professional commitment yet inadequate resources, and social mandates and work tasks that can bring them into conflict with clients the general public. Studies have overwhelmingly identified only relatively small proportions of burnt out workers and these have received most of the attention.

The mythologizing of burnout may well play a role in occupational stress not getting the remedial interventions that it requires and deserves. The mythology contributes to a general perception that it is a universal issue, which therefore is too large to address with the available resources. In an increasingly litigious environment, employers may conclude that it is better to "let sleeping dogs lie" and therefore largely ignore the issues for fear that focussing on them may lead to a rash of costly claims for compensation or demands for organisational and job redesign.

However, this view is based on incorrect assumptions, as practitioners appear to attach significant stigma to stress claims (Dollard *et al.*, 2001). Furthermore, despite major staff concerns about the strain they experience, they are willing to contribute to the development and implementation of remedial strategies (Dollard *et al.*, 2001). Burnout and strain are occupational health issues that demand attention from employers, not only because of the financial and human resource costs they entail, but because of the significant distress and consequences they have for those who are affected.

Work stress research occurs within a political context at the agency and sector levels. Many agencies are reluctant to engage in a detailed study of stress because of the possible ramifications stemming from findings that highlight the primary organisational responsibility for the extent and seriousness of the occupational health problems. There is often a great deal of sensitivity in human service organisations to well-founded, soundly-researched criticisms of management or government responsibility or inaction. Understandably, unions and staff associations are eager for information that supports a case for job redesign and other changes to reduce occupational stress, and this may pit them against a management orthodoxy that seeks to downplay resource inadequacies, workload issues and management failures.

The use of participatory processes and action research designs has much to offer (Dollard *et al.*, 2001), but also requires a willingness by stakeholders to uncover findings that may be “bad news”. Processes are also needed to keep all stakeholders informed and involved, and to facilitate the resolution of conflicts that may arise between them. Furthermore, longitudinal designs are necessary to examine fully the relevant factors and enable causal inferences to be soundly based (Dollard *et al.*, 2001; Koeske and Kirk, 1995a). However, this requires organisations not only to find the necessary finances but also to engage in a lengthy and time-consuming process in an environment that often demands quick fixes. Moreover, there may be resistance to further change because staff are fatigued from the continual professional and organisational transformation processes outlined earlier. These factors mean that sector-wide studies are likely to be seen as less politically sensitive as the responsibility for stress is shared among many stakeholders. However, unless there is a preparedness to finance large-scale studies, some practice fields and contexts will continue to be under-represented, thereby providing an incomplete picture of the work stress in the sector. It is likely that well-conducted research studies will pay for themselves via the savings brought about through the efficiencies achieved by higher job satisfaction and decreased turnover.

### **11.7 WORK STRESS IN RURAL PRACTICE**

Despite a paucity of empirical research, there is considerable anecdotal evidence to indicate that rural and remote human service practitioners experience high work stress, as evidenced by the high staff turnover found there (Cheers, 1998; Lonne, 1990; Zapf, 1993), notwithstanding evidence that the rural environment may be stress-reducing (Sundet and Cowger, 1990). The author conducted a two-year



longitudinal study of the retention and adjustment of 194 rural social workers newly appointed to Australian rural and remote positions during 1994-5 (Lonne, 2002).

### **11. 7. 1 Design and Methodology**

To practise in Australia, a social worker requires a four-year tertiary qualification or equivalent, and for this study, they were undertaking paid employment in a human services position with a role or duties in a practice field recognised in the social work profession. A rural community was defined as a settlement more than 100km from the state capital city with a population of not more than 76,750 people.

Respondents were recruited through their employers' referrals, and self-referral following publicising of the study in professional journals and newsletters, and word of mouth. The study aimed to:

- Investigate and describe the characteristics of rural social workers, their practice, positions and communities; and
- To examine the factors affecting their length of stay, in order to increase retention.

The study design consisted of initially surveying respondents with a mailed questionnaire and subsequently when they either left their position or two years later, whichever came first. Data were collected on more than 80 independent variables concerning themselves, their practice, positions, communities, and events during their tenure. Response rates for both questionnaires were over 95%. The 123 respondents who relocated immediately prior to commencing their jobs also participated in a second panel design survey in which they completed an identical questionnaire every three months regarding the manner in which they adjusted to their new communities and jobs. In a test-retest reliability procedure with a sample of 29 rural social workers all instruments demonstrated acceptable alpha values (i.e. > 0.60 with most > 0.80).

### **11. 7. 2 Descriptive Results**

The characteristics of these social workers and their practice are reported elsewhere (Lonne and Cheers, 1999, 2000), but in summary, most were females (75.6%) who were likely to be young (<30 years) and unmarried, whereas the males tended to be older, and married or separated. There was a mean age of 34.3 years and a mean prior practice experience of 3.5 years. However, 25.1% were young and inexperienced (< two years); 11.5% were young, though experienced; 37.3% were older and experienced; and 26.2% were older, though inexperienced, indicating a fairly even distribution of age and experience.

These practitioners mostly (58.8%) lived in and worked in communities with less than 25,000 people, and, on average, rated themselves as moderately visible within their communities. Those in the smaller communities reported higher visibility within the community, which was positively related to higher self-perceptions of community acceptance and success on the job, and high levels of emotional exhaustion. These practitioners were usually very geographically isolated from larger centres ( $M = 691\text{km}$ ), their line managers ( $M = 101\text{km}$ ), and their primary social, emotional and collegial supports ( $M = 1093\text{km}$ ).

Nevertheless, they were very positive about their rural lifestyles, with only 12.7% initially being dissatisfied, although this increased to 26.0% by the time of the second questionnaire. Perceptions of well-being were holistically assessed by respondents. It was positively related to factors such as their disposition to rural living and practice, numbers of local friends, level of community acceptance, usefulness of administrative supervision and degree of impact of social work services, but was negatively associated with high visibility, lack of privacy and increased after-hours work.

These practitioners tended to be solitary workers or were based in small work units, mostly in state government agencies (74.2%) rather than NGO workers (9.9%). Respondents were more likely to have generic casework roles (43.2%) or be in positions with a combination of roles (22.7%), rather than have community work (5.2%), specialist (11.9%), supervisor/managerial (12.9%) or 'other' (4.0%) positions. They also tended to undertake generalist practice across many practice fields ( $M = 13$ ).

Employer support was patchy. Only 31.1% of workers received material or financial incentives to compensate for the rural location, 38.6% were provided with information and advice about the position or community prior to commencing duties, and most practitioners (52.8%) received less than two hours training per month, with isolated practitioners tending to receive less. Employers tended to either provide a range of supports or no supports, particularly NGOs. Administrative and professional supervision was also patchy and least accessible by NGOs. The usefulness of the administrative supervision was variable and was negatively related to the perceived level of emotional exhaustion. That is, the more useful the supervision, the lower the level of emotional exhaustion.

Overall, for these respondents, rural social work was embedded in the fabric of the community. They frequently experienced high levels of visibility, long working hours, and involvement in community activities, all of which were positively associated with a sense of self-efficacy demonstrated in higher perceived work success and acceptance by the community. However, rural practice also involved regular after-hours disruptions to their privacy, which was related to higher levels of emotional exhaustion.

### **11. 7. 3 Emotional Exhaustion, Length of Stay and Job Satisfaction**

Respondents indicated their degree of emotional exhaustion on a 10cm visual analogue scale that was dichotomously anchored with 'I am not burned out at all' and 'I am totally burned out'. The mean rating was 4.1cm ( $SD = 2.8\text{cm}$ , median =

3.7), which was relatively low. One in six respondents (14.6%) indicated the 7.5cm point or higher, recoded as a *high* level of perceived emotional exhaustion, and 3.8% scored at the 9.0cm point or higher, which was recoded to be the *severe* level. Comparisons with previous studies are difficult, as most do not publish the cut-off levels or the proportions of social workers suffering burnout, but this level is within the range most studies cite (see Siefert *et al.*, 1991; Strozier and Evans, 1998).

Higher levels of emotional exhaustion were associated with the personal factors of being younger, having little social work and *rural* social work practice experience, and establishing fewer local friends. Practitioners who had increased numbers of stressful life events, later negative dispositions toward their rural lifestyles and lower levels of well-being also tended to have higher levels.

With respect to work factors, higher levels of emotional exhaustion were associated with full-time status, increased after-hours work, carrying mandatory authority and, in particular, for those working with young offenders, youth and women. It was also highly more likely for practitioners whose line managers were based closer and for practitioners who experienced work troubles. However, lower ratings were associated with receiving useful administrative, having greater work success and higher community acceptance.

For these rural social workers, emotional exhaustion was related to doing too much after-hours work in complex social work areas. Overall, greater life, practice and rural experience, along with good social support and fewer life and work stresses were likely to carry over to less likelihood of emotional exhaustion, and higher perceived well-being and disposition toward rural living. Provision of sufficient, high-quality administrative supervision alleviated emotional exhaustion and contributed to successful social work interventions and community acceptance.

Despite the highly positive attitudes toward rural living and practice, a significant staff turnover problem was identified. The mean actual length of stay was 16.1 months ( $sd = 8.1$  months) compared to the 24 month mean initial anticipated length of stay. Around one-third of practitioners respectively stayed less than twelve months (34.4%), between 13 and 24 months (32.8%) and more than two years (32.8%). Furthermore, 39.7% of workers left both their position and employer during the study period and 29.3% of respondents left their initial positions but remained with their employers. Moreover, 49.8% of those who left their positions were classified as 'premature departures', which was defined as the departure of a practitioner from their position before at least 75% of their initial expected duration of employment.

Multiple and logistic regression analyses were conducted to identify the partialled-out factors affecting the dependent variables of 'length-of-stay', 'dissatisfied premature departure' and 'enhanced retention status'. The length-of-stay regression analysis accounted for 64% of the variance, with 'severe burnout' accounting for 3.3%. Employer/position variables accounted for 33.3% of the variance, including temporary tenure (13.1%), troubles at work (3.3%) and being with an NGO (2.0%), whilst personal factors totalled a further 17.6%, with rural variables playing only a minor role (3.9%).

The logistic regression equation for dissatisfied premature departure was able to correctly classify 89.3% of cases. Key influences that made this a more

likely outcome were having high burnout (34.3 times), NGO employer (103.8 times), having negative well-being (12.4 times) and high levels of after-hours work (1.1 times), whereas those who received useful administrative supervision were one and a half times less likely than others.

However, personal factors were predominant in achieving enhanced retention (staying more than 25% longer than originally intended). The logistic regression equation correctly classified 86.5% of cases and influences that made this more likely included having an overall positive well-being (4.7 times), having a positive initial disposition toward rural practice (4.5 times), being aged young (<30 years) and having more than two years experience (8.6 times), and having a moderate amount of involvement in the community (6.7 times).

Those practitioners who relocated to take up their positions also completed the same questionnaire on their personal and professional adjustment every 3 months for 18 months. The SPSS General Linear Model (GLM) analytical procedure was used to analyse the time-series data, including job satisfaction and community satisfaction, which were measured on a 7-point Likert scale. This is a MANOVA procedure that can determine whether there is a statistically significant change in the dependent variable means over time, as well as whether the between-subject factors demonstrate statistically significant differences in means.

Job satisfaction decreased 20.0% over the first 9 months, then levelled out for the last 9 months. The overall 18-month decrease in job satisfaction was statistically significant, as was the initial drop, which supports previous Australian findings for rural social workers (Dollard *et al.*, 1999). However, there was a significant 28.6% drop in mean satisfaction for those workers who left their positions.

Workers who tended to have large decreases in job satisfaction included those that did not have high community acceptance, had lower community visibility, low numbers of local friends, high levels of emotional exhaustion and poor administrative supervision. On the other hand, higher satisfaction levels were more likely for those who were positively disposed toward rural practice and living, received two hours or more employer adjustment briefing and worked in locations where higher incentives were paid.

Job productivity was measured on a 10cm visual analogue scale, which was anchored at each end with "I am not productive at all" and "I am fully productive". Job productivity initially increased in line with practitioners' familiarity with their jobs but tended to level off after six to twelve months, before decreasing over the last six months. The statistically significant inverted U-curve pattern consisted of a 15.6% increase in the first six months, followed by an 8.3% drop. Larger rises in mean productivity levels were found for practitioners who had more than 12 months practice experience, who were based, or residing in, communities with 10,000-25,000 population, who received relocation assistance, and perceived themselves to be better off after receiving initial employer incentives, or had received later employer incentives. Employer incentives clearly improved productivity levels. Importantly, productivity rose at the same time as job satisfaction decreased.

The level of satisfaction with the current rural community was measured on a similar 7-point Likert scale to job satisfaction. There was a statistically

significant 13.0% decrease in mean satisfaction up to the six-month point, before increasing to the 12-month point whereupon it levelled off before decreasing again: An overall 18-month change that was not statistically significant. Practitioners who left their positions experienced a 21.5% drop in mean satisfaction. Practitioners who tended to have statistically significant decreases in satisfaction during the initial 6-month period did more after-hours work, received poor administrative supervision and experienced high levels of emotional exhaustion. Lower levels of satisfaction were experienced by those with no local friends, no community involvement, and who received one hour or less of employer training. Conversely, those who received two or more hours employer adjustment briefing, had a positive relocation attitude, and had an initial positive attitude toward rural living and practice tended to have higher community satisfaction levels. Satisfaction with the local community was clearly influenced by employer practices and personal attitudes rather than locale features.

Overall, these data further support the proposition that retention problems result from job, rather than rural community, factors, and that burnout plays a critical part in influencing decision making about length of stay. The study results showed that having a positive disposition toward the job and practice are important prerequisites but that work stress is a critical issue that has a cumulative negative effect over time on well-being, particularly when employers do not provide sufficient appropriate supports. The combination of high demands and low supports are critical with regard to job stress, job satisfaction and turnover. However, when appropriate supports are provided workers are much more likely to appropriately adjust to their positions and communities, become productive and stay longer than they otherwise might have. In this sense, employer supports provide the foundation for increased efficacy and enhanced retention.

## **11. 8 DISCUSSION**

Social work and the human services sector continue to undergo profound and rapid change to their structures, processes and practices as a result of ideological, fiscal and managerial pressures to become more efficient and effective. There has been considerable undermining of the broad social care mandate as a result of an increasing emphasis on economic and social values that promote individualist rather than communal responses to social problems. Furthermore, social care agencies have had to restructure themselves radically in order to survive in an increasingly competitive sector. The advent and expansion of case management has resulted in increasing proceduralism and decreased autonomy for practitioners.

Within this broad context, occupational stress and burnout in the human services has received considerable attention. In a rapidly changing world, practitioners have been required to alter their priorities and methods substantially in accordance with ideological values with which they may strongly disagree. Severely limited resources, increasing demands for help and a fragmented service delivery system have contributed to a work environment that is exceedingly pressured. Social work and human service practice are direct interventions into private situations that frequently involve a high degree of trauma, distress, conflict

and unhappiness for service-delivery recipients. It is, by its nature, a difficult task with a significant amount of emotionally confronting and morally based work.

Given the degree of difficulty of the work, it is surprising that only a relative few workers experience burnout and vicarious trauma. This is testament to the resiliency and coping skills of practitioners who mostly continue to enjoy their chosen career despite the considerable stress that they can experience. Despite this, there is a tendency in the literature to over-focus on those who burn out and to offer solutions that are fundamentally the responsibility of the individual practitioner to address.

This flies in the face of the empirical evidence, which has consistently demonstrated that the occupational stress that practitioners experience primarily has its roots in the organisational and job-role aspects, rather than client or worker characteristics. It is fundamentally a systemic issue that involves serious conflicts and tensions, but which manifests itself in psychological and health strains for individual workers. Furthermore, it is very costly in terms of decreased efficacy and job satisfaction, and increased staff turnover.

So what can be done about it? There are a range of proactive responses that organisations and managers/supervisors can take, including job redesign to increase the work variety and worker autonomy. Giving staff greater control enhances their ability to deal with high work demands. Furthermore, a range of effective supports exists that not only facilitate professional development but also moderate the negative effects of work stress. These include time management and planning strategies, useful administrative and professional supervision, orientation programs for new workers, training opportunities, supportive team structures and processes, debriefing for critical incidents, financial and material incentives and improved physical work conditions. These can be supplemented, but not replaced, by the various self-care strategies outlined earlier such as receiving social support, and relaxation strategies including intimacy, spiritual development, sport and other recreational activities.

The outcomes of the research of rural social workers' retention highlights the advantages of longitudinal study in being able to understand the processes leading to work stress and its adverse consequences. Moreover, it is apparent that practitioners assess their well-being after holistically taking into account a range of factors, including job satisfaction and their work environment. They assess how well the job is meeting their overall expectations. In this sense, the absence of employer supports is problematic. But the converse is also true. That is, useful employer supports provide a solid foundation on which job satisfaction and productivity, and adjustment to the work and community environments can build. These then influence subsequent decision making about leaving and staying.

## **11. 9 FUTURE RESEARCH DIRECTIONS**

Whilst there has been considerable research of work stress and burnout in the human services, collating the findings into a coherent knowledge base is difficult due to a range of design and methodological problems, variations and inconsistencies, and conceptual differences. For example, the similarities and

differences between the concepts of burnout and vicarious trauma need to be better understood and empirically verified. Despite the vagaries of research inconsistencies, some consistent findings and key themes are evident. Whilst we know that structural and employer-controlled factors are primary influences, we do not know enough about the stress-strain-outcome process and what effects remedial steps may have. In order to make stronger causal inferences, longitudinal designs are necessary, along with statistical analyses that can partial out the effects of intervening variables.

There is also a need to use samples that are much more representative of the broad diversity of human service practice fields and methods. To date, studies have concentrated on only a few practice contexts. In particular, the not-for profit and for-profit sectors need to be targeted for comparative purposes, and NGOs should be used more for case studies. The differences in urban, rural and remote practice also demand further attention. Work roles other than direct-practice ones should also be examined. In addition, differences in qualifications, practice frameworks, and workers' coping strategies need to be thoroughly examined. Too little is currently known about the consequences of burnout on productivity, efficacy, organisational outcomes and clients' and service users' well-being.

The political sensitivity of these occupational health and safety issues should not be under-estimated. In a human services environment that is severely resource constrained, dealing holistically with occupational stress can be viewed as too expensive, and therefore to be left in the "too hard basket". This no doubt contributes to the common tendency to see burnout as an individual problem, explained away as the inability of those that are affected to cope. It probably also contributes to a general reluctance by human service agencies to research their staff's work stress and job satisfaction levels. No news may be perceived as good news and, for some managers, results that identify their own or their organisation's failures may not be seen in a positive light. Staff and financial pressures to address issues are often a prerequisite before research and concerted actions take place, but this may result in serious conflict and distrust between key stakeholders. Participatory action research has much to offer in managing the difficult process of involving all stakeholders (Dollard *et al.*, 2001).

In conclusion, social work and human service practice is a difficult occupation because it involves dealing with complex social issues and problems, and often requires face to face contact with trauma, unhappiness and conflict, whilst not always having the resources to respond adequately. Despite this, most practitioners enjoy their work and jobs. However, a range of organisational and role factors, more so than personal characteristics, contribute to work stress. This leads, for some, to burnout and vicarious trauma, and can result in job dissatisfaction and job turnover. When there is a combination of high job demands, low control and autonomy, and poor resources, the likelihood of significant work stress is significantly increased, along with the costs associated with decreased work performance and higher staff turnover.

But this situation does have some brighter aspects. For example, we are increasingly clear about the contributing factors as well as the systemic and personal strategies with which to respond. What is needed is the political and organisational willingness to recognise the nature of the problems and to prioritise

the allocation of resources to address these costly issues. Efficiency and effectiveness dividends from reduced work strain for the human services workforce should cover the financing of further research, job redesign and practitioner supports. Continued failure to respond appropriately to this systemic occupational health and safety issue will see the existing high rates of work stress claims further increase (Dollard *et al.*, 2001). Ignoring these problems will only exacerbate the distress for those affected and unnecessarily divert resources to be spent on litigation defending inadequate and ineffective management of the primary occupational health and safety issue is the human services. It is time for a different approach.

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